



INDIANA'S FOREST RESTORATION GRANT APPLICATION

Forestland Enhancement Program (FLEP)

Department of Natural Resources/Division of Forestry

State Form 51422 (7-03)

STEP 1- Forest Stewardship Request: Owner please, complete step #1 and return application, a **signed grant agreement** and W-9 (taxpayer identification form) to the District Forester. He/she will determine project eligibility and complete step #2.

I, _____, hereby apply for cost-share funds to install the forest conservation practice(s) listed below on my land. I understand the practice(s) installed must adhere to the forestry plan developed or approved by the IDNR District Forester and follow applicable IDNR or USDA Natural Resource Conservation Service standards. **If approved for funding, I agree to maintain the practice(s) and provide access to such areas for inspection purposes for 10 years from the date of completion. I also understand that failure to maintain the practice(s), or to notify future owners of such terms may require re-payment of the grant.** If the practice(s) are approved for funding, the landowner will be notified by Central Office and will be given permission to incur cost. The terms and conditions of this contract are contained in this Grant Application and in the Grant Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT LANDOWNER ACKNOWLEDGES RECEIPT OF THE FOLLOWING: Indiana's Forest Restoration Grant Application and Grant Appendix and any addendum thereto.**

Forestry Practices requested: 1) _____ Acres: _____
2) _____ Acres: _____
3) _____ Acres: _____

Property Location: County _____, Civil Township _____, Section _____, Twp _____, Range _____
Address: _____ City: _____, State: _____ Zip Code: _____

Phone number: _____
Owner signature: _____ Date: _____ E-mail address: _____

STEP 2 - Forester's Determination: The District Forester completes and sends to Central Office a signed application and W-9 form. All projects over \$6,000 must also include a signed grant agreement and EDS form in order to be considered for funding.

Practice	Quantity	Estimated Cost	Cost Share (%)	Cost-Share Needed (\$)	Practice Priority	Quantity Completed	Documented Costs	Cost Share Earned

I certify that the above practices are practical and needed for the above described property and the owner has the required a forest management plan or said plan is part of this application for cost share assistance. Management Plan on file: Yes _____ No _____

District Forester's signature: _____ Date: _____ FLEP Hours: _____

FOR CENTRAL OFFICE USE: Division of Forestry Approval By: _____ Date: _____
Project #'s _____, _____ and _____ Funding code: _____ Expiration date _____

STOP!! AFTER THE PROJECT HAS BEEN COMPLETED, FILL IN STEPS 3 AND 4!!

STEP 3- Owner Certifies Completion: Owner completes step #3 after project(s) has been completed and sends this form with the original bills and expense documentation to the District Forester.

To the best of my knowledge, the project(s) described above has been completed and the attached expenses were spent on the project(s).

Owner: _____ Date: _____ SS#(for payment purposes): _____

STEP 4- Forester Certifies Completion: District Forester, upon certifying project(s) completion and payment due, please submit 1) this form, 2) expense documentation and 3) **claim voucher** to Central Office. The State will send payment directly to the landowner.

The undersigned hereby certifies that the above forestry project(s) have been inspected for completion, meet all program standards and (according to the bills and documentation submitted here of) the following total dollar amount has been earned by the owner: \$_____.

District Forester _____ Date: _____ Additional FLEP hours: _____

Cancellation: Owner or Forester may cancel the project. This project will not be completed for the following reasons: _____ Please cancel.

Signature of Forester or Owner (circle one) _____ Date: _____